

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>LM</i>		6/26/97
O.I.P.E. CLASSIFIER		11	7-6-97
FORMALITY REVIEW	SS	69134	7-15-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	07/21/97
2	✓	✓	12/27/97
3	✓	✓	06/24/98
4	✓	✓	01/28/98
5	✓	✓	09/08/98
6	✓	✓	12/31/98
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	07/21/97
52	✓	✓	12/27/97
53	✓	✓	06/24/98
54	✓	✓	01/28/98
55	✓	✓	09/08/98
56	✓	✓	12/31/98
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
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106	✓	✓	
107	✓	✓	
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143	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)